

**Second Choice** 

## CITY OF BALTIMORE Department of Recreation and Parks Horticultural Division











## Cylburn Arboretum and Mansion 4915 Greenspring Avenue Baltimore, Maryland 21209

Phone: (410) 396-0180 Fax: (410) 367-8039

## **EVENT APPLICATION**

Name of Applica	nt:						
Phone:				Alternate Phone:			
PERSON RESPONS	SIBLE FO	R CONDUCTING THIS	Occasion:				
Name:							
	y, State, Zip: Alternate Phone:						
PLEASE CIRCLE TYPE(S) OF OCCASION:  Wedding Ceremony Wedding Rece Other:			J	Formal Party Photo Shoot			
PLEASE CIRCLE A	REA(S)	го ве Used:					
Cylburn Mansion Formal Garden		Japanese Maples	Other Garden or Lawn				
A Room Onl	у	B Room Only	C Room Only	D Room Only			
There are no	REQUESTED DATE(S) AND TIME(S)						
rain dates.		Date	Arrival Time	Departure Time			
First Choice							

Total Number of Expected	Guests:			
Will any type of sound equ	ipment be used?	Yes	No	(circle one)
If "yes," please list all sour returned if specific sound			t be accept	ed and deposit will be
Please Note: Use of sound amp 11 of the Baltimore City Code.				
Application must be received nonrefundable application for orders need to be made payethe first or second choice of confirmation. All applicable approval of this application requested date. Upon final Confirmation will be this is receiving a confirmation.	fee. NO PERSONAI able to "Director of F date listed above; he permits must be ob All rental fees must be ayment, a permit	inance." The sowever, submetained and all to be paid in further will be issued	CCEPTED. nonrefunda ission of the rental fees all at least 1 to the name	Cashiers checks or money able application fee reserves ne application fee is not a must be paid in full before to business days before the ned applicant listed above.
If the date(s) and / or location of an approved site to contacted by the Horticulture	nduct the proposed	occasion, the	named app	olicant listed above will be
It is the responsibility of occasion to ensure that the determined by the Horticult person responsible for corresponsibility of the applica	e rented area(s) is locural Division, the conducting the propos	eft clean. If st of clean up sed occasion.	the <b>r</b> ented will be cha Cost of	area(s) is not left clean as rged to the applicant or the any damages will be the
By signing this application, by all the rules and regular Division rental guidelines. proposed occasion agree to Please refer to the attached obtained by calling (410) 396	tions of the Departm The applicant and pay all required fees schedule of fees and	nent of Recread / or the posits and deposits deposited rental guide	tion and Person respo This inclines. Add	arks and the Horticultural onsible for conducting the udes any cancellation fees. itional information may be
Applicant's Signature:		Date:		
Office Use Only:  Date Received:	Amount Paid			Receipt #
Final Payment Due Ry				

Paid in Full Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_